

AGN. NO.

MOTION BY SUPERVISORS MARK RIDLEY-THOMAS
AND DON KNABE

AUGUST 16, 2011

Utilizing Safety Protocols to Reduce Infant Deaths Due to Unsafe Sleeping Practices and Shaken Baby Head Trauma

For the past year, the Inter-Agency Council on Abuse and Neglect (ICAN) has sponsored a task force in partnership with the Board of Supervisors (Board) to address the staggering number of infants who die in the County of Los Angeles (County) before the age of one year as a result of unsafe sleeping practices. According to the Los Angeles County Coroner, at least 140 infants have died in the last two years because of unsafe sleeping. Other babies die or are disabled by Shaken Baby Syndrome, a serious brain injury, also known as Abusive Head Trauma, that occurs when an infant or toddler is forcefully shaken. Shaken Baby Syndrome destroys a child's brain and prevents his or her brain from receiving enough oxygen. Half of the children affected by Shaken Baby Syndrome die. Survivors may require lifelong medical care for conditions such as partial or total blindness, hearing loss, developmental delays or learning

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problems, or mental retardation.

This tragedy is completely preventable.

The task force -- representing some of the best minds in medicine, child development, law, social and community services -- has learned of an impressive project in Baltimore, Maryland, called the Infant Safe Sleeping and Abusive Head Trauma Pilot. The Baltimore project has demonstrated impressive success in reducing unsafe sleeping fatalities and Shaken Baby Syndrome. For example, the Baltimore project documented four full calendar years without a single abusive head trauma death and a decrease in the rate of sleep-related deaths.

The County should explore whether this innovative and successful program could be replicated in this County on a pilot project basis.

This pilot program should include an educational outreach program on unsafe sleeping practices and shaken baby/head trauma risks for parents of infants born at a County-operated hospital. This educational outreach program could be included as a component of the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) safety standards. Each hospital has an assigned JCAHO coordinator, whose participation would be critical to the success of this pilot.

Harbor-UCLA Medical Center is an ideal location for the pilot project given the strength of its pediatric department and training program and its already active involvement with the ICAN Taskforce. Approximately 900 live births occurred at Harbor-UCLA Medical Center during the last fiscal year.

THEREFORE, WE MOVE THAT THE BOARD OF SUPERVISORS direct the Chief Executive Officer to:

1. Work with the Director of the Department of Health Services to develop a potential two year pilot program at Harbor-UCLA Medical Center, similar to the Baltimore project that addresses unsafe sleeping practices and educates parents on the consequences of shaking infants. This pilot proposal should include the following components:
 - a. Educating nursing and social work personnel in the newborn nursery, Neonatal Intensive Care Unit, and pediatric services about safe sleeping practices and handling fragile infants;
 - b. Teaching parents about safe sleeping practices and the risks of shaking before infants are discharged from the hospital;
 - c. Working with the Coroner's Office to collect data on the number of infant deaths (one year and younger) born at the Harbor-UCLA Medical Center that might be related to unsafe sleeping or shaking; and
 - d. Collecting performance-related data within three months of the end of the pilot on:
 - i. The number of nurses, social workers and parents trained;
 - ii. The effectiveness of the pilot;
 - iii. The components of a corrective action plan if there were infant

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deaths related to unsafe sleeping practices or shaking/abusive head trauma; and

- iv. Potential permanent funding sources that would enable this pilot to be expanded to all County-operated hospitals.
2. Report back in writing to the Board of Supervisors within three months on a proposed budget, potential funding sources, implementation plan and timeline for the pilot program.

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